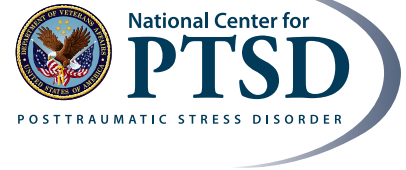


**This item was found at bridge dissemination at [bridgepsych.info/assessments](https://bridgepsych.info/assessments). All rights are reserved by the listed rights holder (see attached). Test results are not meant to constitute sole evidence for diagnosis and should be considered with other information. Assessment measures are intended for initial information and greater understanding of client progress to help inform treatment decisions.**



**bridging the practice-research gap in  
mental health treatment.  
[bridgepsych.info](https://bridgepsych.info)**

*Use of assessment measures found at [bridgepsych.info](https://bridgepsych.info) is not the responsibility of bridge dissemination LLC and implies responsible and ethical use by the clinician.*



# PTSD Checklist for *DSM-5* (PCL-5) with Criterion A

**Version date:** 11 April 2018

**Reference:** Weathers, F. W., Litz, B. T., Keane, T. M., Palmieri, P. A., Marx, B. P., & Schnurr, P. P. (2013). *The PTSD Checklist for DSM-5 (PCL-5) – Extended Criterion A* [Measurement instrument]. Available from <https://www.ptsd.va.gov/>

**URL:** <https://www.ptsd.va.gov/professional/assessment/adult-sr/ptsd-checklist.asp>

**Note:** This is a fillable form. You may complete it electronically.

## Description *(page added)* Source: <https://istss.org/clinical-resources/assessing-trauma/ptsd-checklist-dsm-5>

The PCL-5 is a 20-item self-report checklist of PTSD symptoms based closely on the DSM-5 criteria. Respondents rate each item from 0 ("not at all") to 4 ("extremely") to indicate the degree to which they have been bothered by that particular symptom over the past month (or past week if using the PCL-5 weekly).

The PCL-5 is a self-report measure that can be completed by patients in a waiting room prior to a session or by participants as part of a research study. It takes approximately 5-10 minutes to complete. The PCL-5 can be administered in one of three formats:

- Without Criterion A (brief instructions and items only), which is appropriate when trauma exposure is measured by some other method
- With a brief Criterion A assessment
- With the revised Life Events Checklist for *DSM-5* (LEC-5) and extended Criterion A assessment

## Scoring

The PCL-5 can be scored in different ways:

- A total symptom severity score (range - 0-80) can be obtained by summing the scores for each of the 20 items.
- *DSM-5* symptom cluster severity scores can be obtained by summing the scores for the items within a given cluster, i.e., cluster B (items 1-5), cluster C (items 6-7), cluster D (items 8-14), and cluster E (items 15-20).
- A provisional PTSD diagnosis can be made by treating each item rated as 2 = "Moderately" or higher as a symptom endorsed, then following the *DSM-5* diagnostic rule which requires at least: 1 B item (questions 1-5), 1 C item (questions 6-7), 2 D items (questions 8-14), 2 E items (questions 15-20).
- Initial research suggests that a PCL-5 cutoff score between 31-33 is indicative of probable PTSD across samples. However, additional research is needed. Further, because the population and the purpose of the screening may warrant different cutoff scores, clinicians are encouraged to consider both factors when choosing a cutoff score.

## Interpretation

Interpretation of the PCL-5 should be made by a clinician. Characteristics of a respondent's setting should be considered when using PCL-5 severity scores to make a provisional diagnosis. The goal of assessment also should be considered. A lower cut-point score should be considered when screening or when it is desirable to maximize detection of possible cases. A higher cut-point score should be considered when attempting to make a provisional diagnosis or to minimize false positives.

## Measuring Change

Good clinical care requires that clinicians monitor patient progress. Evidence for the PCL for *DSM-IV* suggests that a 5-10 point change represents reliable change (i.e., change not due to chance) and a 10-20 point change represents clinically significant change. Therefore, it was recommended to use 5 points as a minimum threshold for determining whether an individual has responded to treatment and 10 points as a minimum threshold for determining whether the improvement is clinically meaningful using the PCL for *DSM-IV*.

Change scores for PCL-5 are currently being determined. It is expected that reliable and clinically meaningful change will be in a similar range.

This page intentionally left blank

## PCL-5 with Criterion A

**Instructions:** This questionnaire asks about problems you may have had after a very stressful experience involving actual or threatened death, serious injury, or sexual violence. It could be something that happened to you directly, something you witnessed, or something you learned happened to a close family member or close friend. Some examples are a serious accident; fire; disaster such as a hurricane, tornado, or earthquake; physical or sexual attack or abuse; war; homicide; or suicide.

First, please answer a few questions about your worst event, which for this questionnaire means the event that currently bothers you the most. This could be one of the examples above or some other very stressful experience. Also, it could be a single event (for example, a car crash) or multiple similar events (for example, multiple stressful events in a war-zone or repeated sexual abuse).

**Briefly identify the worst event (if you feel comfortable doing so):**

---

---

---

---

**How long ago did it happen?** \_\_\_\_\_ (please estimate if you are not sure)

**Did it involve actual or threatened death, serious injury, or sexual violence?**

\_\_\_\_\_ Yes

\_\_\_\_\_ No

**How did you experience it?**

\_\_\_\_\_ It happened to me directly

\_\_\_\_\_ I witnessed it

\_\_\_\_\_ I learned about it happening to a close family member or close friend

\_\_\_\_\_ I was repeatedly exposed to details about it as part of my job (for example, paramedic, police, military, or other first responder)

\_\_\_\_\_ Other, please describe \_\_\_\_\_

**If the event involved the death of a close family member or close friend, was it due to some kind of accident or violence, or was it due to natural causes?**

\_\_\_\_\_ Accident or violence

\_\_\_\_\_ Natural causes

\_\_\_\_\_ Not applicable (the event did not involve the death of a close family member or close friend)

Second, below is a list of problems that people sometimes have in response to a very stressful experience. Keeping your worst event in mind, please read each problem carefully and then circle one of the numbers to the right to indicate how much you have been bothered by that problem in the past month.

<b>In the past month, how much were you bothered by:</b>	<b>Not at all</b>	<b>A little bit</b>	<b>Moderately</b>	<b>Quite a bit</b>	<b>Extremely</b>
1. Repeated, disturbing, and unwanted memories of the stressful experience?	0	1	2	3	4
2. Repeated, disturbing dreams of the stressful experience?	0	1	2	3	4
3. Suddenly feeling or acting as if the stressful experience were actually happening again (as if you were actually back there reliving it)?	0	1	2	3	4
4. Feeling very upset when something reminded you of the stressful experience?	0	1	2	3	4
5. Having strong physical reactions when something reminded you of the stressful experience (for example, heart pounding, trouble breathing, sweating)?	0	1	2	3	4
6. Avoiding memories, thoughts, or feelings related to the stressful experience?	0	1	2	3	4
7. Avoiding external reminders of the stressful experience (for example, people, places, conversations, activities, objects, or situations)?	0	1	2	3	4
8. Trouble remembering important parts of the stressful experience?	0	1	2	3	4
9. Having strong negative beliefs about yourself, other people, or the world (for example, having thoughts such as: I am bad, there is something seriously wrong with me, no one can be trusted, the world is completely dangerous)?	0	1	2	3	4
10. Blaming yourself or someone else for the stressful experience or what happened after it?	0	1	2	3	4
11. Having strong negative feelings such as fear, horror, anger, guilt, or shame?	0	1	2	3	4
12. Loss of interest in activities that you used to enjoy?	0	1	2	3	4
13. Feeling distant or cut off from other people?	0	1	2	3	4
14. Trouble experiencing positive feelings (for example, being unable to feel happiness or have loving feelings for people close to you)?	0	1	2	3	4
15. Irritable behavior, angry outbursts, or acting aggressively?	0	1	2	3	4
16. Taking too many risks or doing things that could cause you harm?	0	1	2	3	4
17. Being "superalert" or watchful or on guard?	0	1	2	3	4
18. Feeling jumpy or easily startled?	0	1	2	3	4
19. Having difficulty concentrating?	0	1	2	3	4
20. Trouble falling or staying asleep?	0	1	2	3	4